

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038857

5533

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10.02

Primary Registration District No. 10.02

Registrar's No.

VS 300
Rev. 4/59

1

23878

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Martin P. Hunter MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb <input checked="" type="checkbox"/>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Benedictine Convent		d. STREET ADDRESS (If outside, give location) 1409 Meyer	
3. NAME OF DECEASED (Type or print) SISTER MARY ALPHONSA MINDRUP		4. DATE OF DEATH Month October Day 30 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 16, 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress & Artist		10b. KIND OF BUSINESS OR INDUSTRY Benedictine Sisters	
11. BIRTHPLACE (City and state or country) New Almelo, Kansas U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Mindrup		13b. MOTHER'S MAIDEN NAME Elizabeth Unknown	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mother Eulalia, 1409 E. Meyer	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Complete Heart Block Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Old Rheumatic Heart Disease with intermittent Block DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH many years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Clyde, Missouri	
20g. COUNTY		20h. STATE	
21. I attended the deceased from June 7, 1950 to Oct 30, 1962 and last saw her alive on Oct 30, 1962 Death occurred at 10:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Martin P. Hunter M.D.	
22b. ADDRESS 4706 Broadway		22c. DATE SIGNED 10-30-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-31-1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	
23d. LOCATION (City, town, or county) Clyde, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		25. DATE RECD. BY LOCAL REG. 10-31-62	
26. REGISTRAR'S SIGNATURE Ruth Long		27. ADDRESS Woodland	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Martin Hunter
4706 Broadway
He 1-5800

Wed 1:30 to 4:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James E. Kaczkeman

Licensed Embalmer No. 4573

P. O. Address R. C. 510

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.